

Policies and Procedures

<i>Section:</i> School of Medicine		<i>NO.</i>				
<i>Chapter:</i> Colon and Rectal Surgery	<i>Issued:</i> 10/22/19	<i>REV. A</i> 08/01/2022	<i>REV. B</i>	<i>REV. C</i>		
<i>Policy: Resident Supervision</i>		Page 1 of 2				

PURPOSE

The GMCC must monitor programs' supervision of residents and ensure that supervision is consistent with:

- a. Provision of safe and effective patient care;
- b. Educational needs of residents;
- c. Progressive responsibility appropriate to residents' level of education, competence, and experience; and,
- d. Other applicable Common and specialty/subspecialty-specific Program requirement

SCOPE

This policy applies to all Creighton University **Colon and Rectal Surgery Residents**

POLICY

Residents are under direct supervision by the attending physicians on all services. During the evening hours and on weekends, the faculty member on call for each service is to be called for all admissions, questions regarding the management of a patient, or a change in status of a patient.

Direct Supervision:

This level of supervision required that the supervising physician be immediately available. Examples of Director Supervision include supervision of the PGY VI resident performing an operation while the attending surgeon is within the operating suite or supervision of the PGY VI resident performing a minor procedure in the operating room or clinic with the attending physician available in the immediate vicinity.

Indirect Supervision:

With direct supervision immediately available – The supervision physician is physically with the confines of the site of patient care and is immediately available to provide direct supervision. With direct supervision available – The supervising physician is not physically present within the confines of the site of patient care but is immediately available via telephone and or electronic modalities and is available to provide direct supervision

Oversight

The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

Consultations:

The PGY VI resident sees surgical consultations initially. The resident will then discuss findings with the attending physician.

Office Patient:

1. Resident interviews the patient's 1st taking a history and analyzes the problem.
2. Review's information to attending noting points of importance, and formulates the optimal approach of treatment.

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Orders:

The PGY VI resident may give written orders and verbal orders. Within the hospital setting, they are responsible for documentation of orders, scheduling of procedures or ex-rays. All work is directed under supervision of an attending physician and all orders must be countersigned.

Rounds:

PGY VI resident may make rounds on all patients on the colorectal surgery service either accompanied or unaccompanied by the supervising physician to check on clinical status of a hospitalized patient and report the patients progress to the supervising physician. Resident may record appropriate progress notes on the medical record. The resident must report to the physician daily regarding the patient's progress.

Hospital Consults:

1. Hospital Consults called to the office are sent by Doc Halo to Resident and attending. The attending will determine how the call is handled.
Hospital Consults after hours the resident on call is contacted by the hospital.
2. Resident duties include consultation and evaluation of the patient on the hospital floor or emergency room. The resident is to call the attending after the evaluation is complete and communicate their findings and discuss patient management.

Since residents come to our program as a PGY 6, they are already expected to be competent in the six core competencies from general surgery. However, each resident comes with a different background and skill set. Residents are evaluated continually with direct observation and written evaluations so their responsibilities are extended as they prove competence.

Protocols of Common Circumstances requiring Faculty involvement:

Certain circumstances with patient care require faculty involvement, for example: do not resuscitate initiation, decline in clinical status and complicated clinical and social circumstances. The resident is required to notify faculty of these circumstances or any circumstance to help facilitate proper care of the patient and patient's family. If the direct faculty is not immediately available (i.e. occupied in a surgical case), any faculty could be notified to assist in these circumstances. The resident should not be acting alone in these complicated circumstances.

REFERENCES

<https://www.acgme.org/>

AMENDMENTS OR TERMINATION OF THIS POLICY

Crighton University reserves the right to modify, amend or terminate this policy at any time.

The GME policy supersedes all program level policies regarding this area/topic. In the event of any discrepancies between program policies and the GME policy, the GME policy shall govern.